



**FINANCIAL TRANSACTIONS REPORTING
(FORMS) REGULATIONS 2004**

LAURENCE MURRAY GREIG, Chief Justice of the High Court of the Cook Islands

ORDER IN EXECUTIVE COUNCIL

At Avarua, Rarotonga, this 18 th day of February 2004

Present:

**HIS HONOUR THE CHIEF JUSTICE OF THE HIGH COURT OF
THE COOK ISLANDS IN EXECUTIVE COUNCIL**

PURSUANT to Article 7(1) and sections 10 and 11 of the Financial Transactions Reporting Act 2003, the Chief Justice of the High Court, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

ANALYSIS

- | | |
|---------------------------------|--|
| 1. Title | 4. Electronic funds transfer report form |
| 2. Interpretation | 5. Suspicious transaction report form |
| 3. Cash transaction report form | Schedules |
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REGULATIONS

1. Title – These regulations may be cited as the Financial Transactions Reporting (Forms) Regulations 2004.

Price \$3.00

2. Interpretation - In these regulations, unless the context otherwise requires -

“Act” means the Financial Transactions Reporting Act 2003.

3. Cash transaction report form - A financial institution required to report any cash transaction under section 10(1)(a) of the Act, must use the form set out in Schedule 1 of these Regulations.

4. Electronic funds transfer report form - A financial institution required to report any electronic funds transfer under sections 10(1)(b) or 10(1)(c) of the Act, must use the form set out in Schedule 2 of these Regulations.

5. Suspicious transaction report form - (1) A financial institution required to report any suspicious transaction under sections 11 or 12 of the Act, must use the form set out in Schedule 3 of these Regulations.

(2) A financial institution must in addition to completing the form set out in Schedule 3, provide the following information to the FIU -

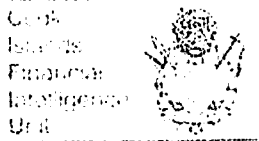
- (a) a copy of all records held by the financial institution concerning the transaction;
- (b) without limiting the generality of paragraph (a):
 - (i) the name, and all contact details held by the financial institution, of every person known to the financial institution to have been involved in the conduct of the transaction, including every person on whose behalf that transaction was conducted; and
 - (ii) the dates relevant to the transaction;
- (c) if an account provided by the financial institution is relevant to the transaction, -
 - (i) the type and identifying number of any account used by the financial institution for that transaction; and
 - (ii) a copy of the information and documents required by section 4 of the Act to be obtained and kept by the financial institution in respect of customers of that account; and
 - (iii) a copy of the documentary evidence that is mentioned in section 4 of the Act; and is a record (relating to that account) required by section 6 of the Act to be kept by the financial institution.

P. Arere
Clerk of the Executive Council

These Regulations are administered by the Financial Intelligence Unit

BY AUTHORITY:
Cook Islands Government - 2004

SCHEDULE 1



CASH TRANSACTION REPORT (CTR) NZ\$10,000 OR MORE

Please complete in INK
or in CAPITAL LETTERS

Reporting of the material cash transactions is required by the Cash Transaction Reporting Act of the Financial Transactions Reporting and Enforcement Act for failure to report or to provide false or misleading information.

PART A - IDENTITY OF PERSON CONDUCTING THE SUSPICIOUS TRANSACTION

1 Full name (title, given names and surname)

.....

Address:

2 Date of birth:

3 Country of birth:

4 Occupation, business or principal activity

.....

5 Business address (physical and PO Box)

.....

..... PO Box

..... Phone

6 Residential address (cannot be a PO Box)

.....

..... Phone

7 NON RESIDENT - Cook Islands contact address

.....

..... Phone

8 Give details if this person is a signatory to account affected by this transaction

Account Title/Name

..... Branch

..... Financial Institution

9 How was the identity of this person confirmed?

By Name

By Photo

By Other

10 Is a photocopy of ID document/s attached?

Yes

No

If more than one person involved please provide same details contained in Sections 1 - 11 for each person where appropriate, and attach.

PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)

11 Full name of person/organisation

.....

12 Business address (physical and PO Box)

.....

..... PO Box

Country:

Phone

13 Occupation, business or principal activity

.....

14 Give details if this person is a signatory to account affected by this transaction

Account Title/Name

Account No. Branch

Financial Institution:

PART C - DETAILS OF THE TRANSACTION

15 Date of transaction

DAY		MONTH		YEAR			

16 Total amount of this transaction (include cash and any other components of the transaction - if a foreign currency is involved, convert the amount to New Zealand dollars)

NZ\$

17 If a foreign currency was involved in this transaction, specify:

Foreign Currency

(eg Hong Kong Dollars)

Foreign Currency Amount

(eg HKD\$100,000)

18 Cash paid IN

19 Cash paid OUT

28. Type of transaction involved

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

29. If a cheque / bank draft / money order / telegraphic transfer / transfer of currency or purchase or sale of any security was involved in this transaction, please specify:

.....

.....

.....

.....

30. If a financial institution was involved in this transaction, please specify:

Name of financial institution:

Address:

Branch:

PART H - DETAILS OF THE RECIPIENT PERSON OR ORGANISATION (if applicable)

23. Full name of person/organisation

.....

24. Business address (physical and PO Box)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

25. Occupation, business or principal activity

.....

26. Reason for transaction (eg payment for imports)

.....

.....

.....

27. Details of recipient account (if not already provided)

Name of bank:

Branch:

Account number:

PART E - EXPLANATORY NOTES

28. Give details of the nature and circumstances surrounding the transaction if required. **PRINT IN BLOCK LETTERS.**

.....

.....

.....

29. Is additional information attached to this report?

Yes No

Please specify:

PART F - REPORTING FINANCIAL INSTITUTION

30. Type of Financial Institution

.....

31. Name of Financial Institution

.....

32. Name of branch or office where transaction was conducted

.....

33. Business address (physical and PO Box)

.....

.....

.....

Country:

PART G - FINANCIAL INSTITUTION'S STATEMENT

34. Details of authorised person.

Given names and surname:

Job title:

Phone:

35. This statement is made pursuant to the requirement to report "significant" cash transactions under Cook Islands laws on the grounds detailed in the report.

Signature of authorised person:

Sign here

Date: / /

DAY MONTH YEAR

36. Financial Institutions internal reference number (if applicable)

.....

<p>Send completed forms to:</p> <p>Head of FIU PO Box 3219 Rarotonga COOK ISLANDS</p>	<p>For assistance contact:</p> <p>Financial Intelligence Unit Private Mail Bag P.O. Box 3219 Rarotonga Cook Islands</p>
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ELECTRONIC FUNDS TRANSFER REPORT (EFTR)

INSTRUMENT TYPE: **LINK**
IN CAPITAL LETTERS



This report is required for all NZ\$ to NZ\$ or NZ\$ to foreign transfers of funds, including transfers of funds to or from an account in an offshore jurisdiction, and for all foreign to NZ\$ transfers of funds.

PART A - DETAILS OF THE TRANSACTION

Transaction reference number: _____

Transaction date: _____

Transaction amount: _____

Originator's bank name: _____
 Country: _____
 Out of Bank Islands:

Beneficiary's bank name: _____

Beneficiary's details: _____

Country: _____

Beneficiary's details: _____

MONTH YEAR

Person identified to receive payments on behalf of: _____

SENDER'S BANK AND INSTITUTION DETAILS

Bank name: _____

Description: business or personal activity
 Business or personal activity (physical and PO Boxes)
 Country: _____

Name: _____
 Position with organisation: _____

10 Beneficiary customer/organisation

Name: _____
 Occupation: business or personal activity

Business/Residential address (physical and PO Boxes)

Country: _____

Account details

Account Title/Name

Bank

Account Number

Person identified to receive payments on behalf of

Title

Name

Position with organisation

11 Sender's Correspondent

Name of Bank

City

12 Receiver's Correspondent

Name of Bank

City

PART C - ADDITIONAL PAYMENT DETAILS

17. Additional information (include intermediary bank details, account reference, number, ordering and beneficiary information)

18. Additional information (include intermediary bank details, account reference, number, ordering and beneficiary information)

19. Additional information (include intermediary bank details, account reference, number, ordering and beneficiary information)

20. Additional information (include intermediary bank details, account reference, number, ordering and beneficiary information)

17 Is additional information attached to this report?
Yes No
If yes, please attach to this report.

PART D - REPORTING FINANCIAL INSTITUTION

18 Type of Financial Institution (eg bank)

19 Name of Financial Institution

20 Name of branch or office where transaction conducted

21 Business address (physical address)
Country

PART E - FINANCIAL INSTITUTION'S SIGNATURE

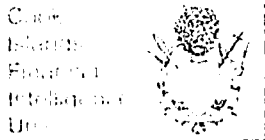
22 Details of authorised person
Name (name and surname)
Job title
Phone

23 This statement is made pursuant to the requirements to report suspicious transactions under the laws on the grounds detailed in Part 1.
Signature of authorised person
Sign here
Date DAY MONTH YEAR

24 Financial Institutions are required to report (if applicable)

Send completed forms to:
Head of FIU
PO Box 5219
Rarotonga
COOK ISLANDS
For assistance contact: FIU

SCHEDULE 3



SUSPICIOUS TRANSACTION REPORT (STR)

Please complete in **INK** and in **CAPITAL LETTERS**

Section 330 of the Crimes Act 1961 provides that a person who is required by law to report a suspicious transaction, or a person who is required by law to report a suspicious transaction, is liable for failure to report or to supply full and correct information.

10 Is a photocopy of ID document/s attached?

Yes No

If more than one person involved please provide same details contained in Sections 1 - 11 for each person, where appropriate, and attach

PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)

PART A - IDENTITY OF PERSON CONDUCTING THE SUSPICIOUS TRANSACTION

1 Full name (title, given names and surname)

.....

.....

2 Date of birth:

3 Country of birth:

4 Occupation, business or principal activity

.....

5 Business address (physical and PO Box)

.....

.....

.....

6 Residential address (cannot be a PO Box)

.....

.....

7 NON RESIDENT - Cook Islands contact address

.....

.....

8 Give details if this person is a signatory to account affected by this transaction

Account Title/Name:

Account No.: Branch:

Financial Institution:

9 How was the identity of this person confirmed?

.....

.....

11 Full name of person/organisation

.....

12 Business address (physical and PO Box)

.....

.....

Country: Phone:

13 Occupation, business or principal activity

.....

14 Give details if this person is a signatory to account affected by this transaction

Account Title/Name:

Account No.: Branch:

Financial Institution:

PART C - DETAILS OF THE TRANSACTION

15 Type of transaction (eg deposit)

.....

16 Date of transaction

/ /
 DAY MONTH YEAR

17 Total amount of this transaction (include cash and any other components of the transaction. If a foreign currency is involved, convert the amount to New Zealand dollars)

NZ\$

18 If a foreign currency was involved in this transaction, specify:

Foreign Currency:

(eg Hong Kong Dollars)

Foreign Currency Amount:

(eg HKD\$400,000)

19 If a cheque / bank draft / money order / telegraphic transfer / transfer of currency or purchase or sale of any security was involved in this transaction, please specify:

Drawer/Ordering Customer:

Payee/Favouree/Beneficiary:

20. If another financial institution was involved in this transaction, please specify:

Name of financial institution: _____

Address: _____

Country: _____

21. Give details of accounts of any OTHER persons/organisations affected by this transaction

Name of person/organisation: _____

Address: _____

Country: _____

PART D - DETAILS OF THE RECIPIENT PERSON/ORGANISATION

22. Full name of person/organisation

23. Business address (physical and PO Box)

Physical address: _____

PO Box: _____

Country: _____ Phone: _____

24. Occupation, business or principal activity

25. Reason for transaction (eg payment for imports)

26. Details of recipient account (if not already provided)

Name of financial institution: _____

Address: _____

Country: _____

PART E - GROUNDS FOR SUSPICION

27. Give details of the nature and circumstances surrounding the transaction and the reason for suspicion. If there is insufficient space, attach a separate sheet. PLEASE PRINT IN BLOCK LETTERS

28. Is additional information attached to this report?

Yes No

Please specify: _____

PART F - REPORTING FINANCIAL INSTITUTION

29. Type of Financial Institution (eg bank)

30. Name of Financial Institution

31. Name of branch or office where transaction was conducted

32. Business address (physical and PO Box)

Physical address: _____

PO Box: _____

Country: _____ Phone: _____

PART G - FINANCIAL INSTITUTION'S STATEMENT

33. Details of authorised person:

Given names and surname: _____

Job title: _____

Phone: _____ Fax: _____

34. This statement is made pursuant to the responsibility to report suspicious transactions under Cook Islands laws on the grounds detailed in Part I

Signature of authorised person: _____

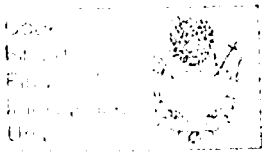
Signature: _____

Date: _____ DAY MONTH YEAR

35. Financial Institutions internal reference number (if applicable)

Send completed forms to:	For assistance contact:
Head of FIU PO Box 3219 Rarotonga COOK ISLANDS	Financial Intelligence Unit Phone: (679) 535 1111 Fax: (679) 535 1112 Email: fiu@cookislands.gov.fj

SCHEDULE



BORDER CURRENCY REPORT (BCR)

Please complete in INK
in CAPITAL LETTERS

Bring into this form if you are carrying cash or negotiable bearer instruments with a combined value of more than NZ\$10 000.

Carry over from the previous page, if applicable, the amount of cash and negotiable bearer instruments brought into the Cook Islands.

"Negotiable Bearer Instrument" means any instrument which is payable to bearer or to order and which is not subject to any restriction on its transferability.

The term "cash" as used throughout this form and includes cash and negotiable bearer instruments.

PART B - DETAILS OF PERSON CARRYING CASH

4 Full name of person carrying cash

Title _____ Male Female _____

Surname _____

Given names _____

Also known as _____

5 Date of birth _____ 6 Country of birth _____

Sex Male Female _____

7 Passport Number _____
(Number of digits at least 8 with leading zeros)

8 Country of issue: _____

9 Permanent residential address in home country
(cannot be a PO Box)

Country: _____

Phone: _____

10 Occupation, business, or principal activity _____

PART A - DETAILS OF TRAVEL

1 Are you carrying cash

Into Cook Islands Out of Cook Islands

2 Date of arrival in country

DAY MONTH YEAR

3 Flight number or name of ship _____

COOK ISLANDS CUSTOMS/IMMIGRATION USE ONLY

	Yes	No	Comments
1. Goods	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
2. Cash verified:	<input type="checkbox"/>	<input type="checkbox"/>	
3. Officers name: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name and type of Port (e.g. Apia, Avila Harbour)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Date _____	<input type="checkbox"/>	<input type="checkbox"/>	

11 Business address (physical and PO Box)

Physical address: _____
 PO Box: _____
 Phone: _____

12 Are you a Cook Islands resident?

Yes (to 11) No (to 13)

13 If not, contact details while in the Cook Islands

Physical address: _____
 PO Box: _____
 Phone: _____

14 If not a resident - purpose of your visit

Business Employment
 Conference Visiting a relative
 Other (specify): _____

15 Itinerary - where travel commenced, where cash was obtained, where travel continues to, final destination

From: _____
 Where cash obtained: _____
 Where travel continues to: _____
 Final destination: _____

16 Give details of cash being carried

Amount of cash being carried: _____
 Accepted by: _____

17 Are you carrying cash on your own behalf?

Yes (to 16) No (to 17)

PART C - IF NOT YOUR OWN, ON WHOSE BEHALF ARE YOU ACTING?

18 What is the full name of the person, business or organisation on whose behalf you are acting?

19 Business/residential address of this person, business, or organisation (physical and PO Box)

Physical address: _____
 PO Box: _____
 Country: _____ Phone: _____

20 Occupation, business or principal activity of this person, business or organisation

PART D - IF NOT FOR YOURSELF, TO WHOM ARE YOU DELIVERING THE CASH?

21 What is the full name of the person, business or organisation on whose behalf you are acting?

22 Business/residential address of this person, business, or organisation (physical and PO Box)

Physical address: _____
 PO Box: _____
 Country: _____ Phone: _____

23 Occupation, business or principal activity of this person, business or organisation

24 I confirm that the information contained in this form is true and correct to the best of my knowledge.

Signature of authorised person: _____
 Sign here: _____

Send completed forms to:	For assistance contact
Head of FIU PO Box 3219 Rarotonga COOK ISLANDS	Financial Intelligence Unit Phone: (+62)291122 Fax: (+62)291122 email: afius@psr.gov.fj